

## **Statement for the Record**

### **Evaluating Federal and Community Efforts to Eliminate Veteran Homelessness**

**Committee on Veterans' Affairs  
United States House of Representatives**



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Chairman Miller, Vice Chairman Bilirakis, Ranking Member Michaud, and Members of the Committee, thank you for the invitation to offer a statement for the record regarding the status and sustainability of the Federal government's goal of ending Veteran homelessness in 2015. This statement reflects the insights of the U.S. Interagency Council on Homelessness (USICH), the Federal agency responsible for coordinating and leading the Federal response to end homelessness.

In 2010, the Federal government, through the coordination of USICH, launched and began implementation of [\*Opening Doors: Federal Strategic Plan to Prevent and End Homelessness\*](#). According to the latest available data, between 2010 and January 2014, we have reduced homelessness among Veterans by 33 percent, which includes a 43 percent reduction in unsheltered homelessness among Veterans. Veterans who lived for decades on the streets, in cars, abandoned buildings, and other places are now in safe, stable homes of their own.

We have achieved this progress through strong collaboration and by ensuring Federal resources are directed towards evidence-based solutions like Housing First, permanent supportive housing, and rapid re-housing. We have built and continue to strengthen a network of partnerships at all levels of government and with the private and not-for-profit sectors to provide an approach to ending homelessness that puts the needs of Veterans front and center.

We are effective at preventing and ending homelessness when Veterans receive a set of services that are tailored to meet their individual needs, regardless of where they seek assistance or where they are engaged by outreach teams. *Opening Doors* provides a Federal framework for this Veteran-centric approach, leading the way for a growing list of communities on track to end Veteran homelessness in 2015.

### ***USICH and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness***

USICH is an independent agency within the Federal executive branch and is responsible for coordinating the Federal response to homelessness and creating a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation. USICH maximizes the effectiveness of the Federal Government in contributing to the end of homelessness. The Council consists of 19 Federal Cabinet secretaries and agency heads. The current Council Chair is U.S. Department of Labor (DOL) Secretary Thomas E. Perez and U.S. Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell serves as the vice chair.

USICH coordinates across Federal agencies and partners with state and local governments, businesses, faith-based and non-profit organizations, advocates, service providers, and people experiencing homelessness to achieve the goals of *Opening Doors*, the first ever comprehensive Federal strategic plan to prevent and end homelessness. Recently, the Government Accountability Office recognized USICH as one of four interagency groups that met GAO's key practices for enhancing and sustaining collaboration necessary to achieve meaningful results (GAO-14-220).

In 2010, USICH and Council agencies released *Opening Doors*, based on the vision that no one should

experience homelessness, and no one should be without a safe, stable place to call home. *Opening Doors* sets forth four bold and measurable goals, including the goal to prevent and end homelessness among Veterans in 2015. The Department of Veterans Affairs' goal to prevent and end homelessness among Veterans is aligned with *Opening Doors*. Furthermore, the plan states that Veterans should never find themselves on the streets, living without care and without hope.

### ***An End to Homelessness among Veterans***

An end to homelessness among Veterans does not mean that a Veteran will never experience a housing crisis again. Changing economic realities and the unpredictability of life may create situations where a Veteran could experience, re-experience, or be at-risk of homelessness. An end to veteran homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

An end to homelessness among Veterans will be achieved when the Point-In-Time (PIT) count identifies that zero Veterans are experiencing unsheltered homelessness and no more than 12,500 Veterans, at any point in time, are on the pathway from housing crisis to housing stability. The 2016 PIT count will measure our progress through 2015. Already, a growing list of communities are on track to end homelessness among Veterans ahead of the Federal goal.

Through our national network of partners who implement evidence-based best practices, we can prevent homelessness among Veterans by identifying those who are most at-risk and quickly connecting them to programs that provide temporary financial assistance, access to housing, and to the health care, employment assistance and other supportive services that help them obtain and sustain housing.

The ultimate goal is that all Veterans have permanent, sustainable housing with access to high-quality health care, including primary care, specialty care, and mental health services, job training and employment, and other supportive services.

### ***Evidence-Based Practices to End Veteran Homelessness***

We know what is working to end homelessness among Veterans. Implementation of *Opening Doors* focuses on building unprecedented national collaboration around a Veteran-centered approach, using data to drive results, leveraging mainstream systems, targeting resources to the Veterans in greatest need, investing new resources strategically, connecting Veterans to opportunities that increase their economic success, and bringing evidence-based best practices—Housing First, permanent supportive housing, and rapid re-housing—to scale in communities.

#### **Housing First**

Effective Council collaboration and operationalizing lessons learned from HUD and Substance Abuse and Mental Health Services Administration (SAMHSA) funded programs have informed the interagency adoption of Housing First as a proven method of ending homelessness. The Department of Veterans Affairs (VA) also transformed its service delivery model, improving the effectiveness of programs aimed

at reaching the 2015 goal to end homelessness among Veterans. Fundamental to this transformation has been the adoption of a Housing First approach, an evidence-based and cost-effective strategy that immediately addresses the housing needs of individuals and families, providing them with a foundation from which to access other services and achieve stability.

Housing First is a proven method of ending all types of homelessness, including Veteran homelessness. The approach focuses on providing individuals and families experiencing homelessness with immediate access to permanent housing. Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of costly, crisis services and institutions by removing barriers to entry, such as prerequisites like completion of a treatment course or evidence of sobriety.

Using a Housing First approach, the HUD-VA Supportive Housing (HUD-VASH) Program is driving reductions in homelessness among Veterans while reducing costs. An evaluation of a 14-site pilot that began in FY 2012 serving approximately 700 Veterans showed that provision of assistance through Housing First resulted in positive health and housing placement outcomes at 36 months for participating Veterans and significant VA health care cost reductions, including:

- 32 percent reduction of total VA health care costs;
- 54 percent reduction in intensive inpatient costs ;
- 27 percent fewer emergency room visits;
- 33 percent fewer acute inpatient hospitalizations.

Communities that are fully implementing Housing First are demonstrating remarkable progress. USICH and Council agencies continue to build capacity to support Housing First. USICH maintains that, wherever possible, barriers to housing and services for all people who experience homelessness should be eliminated or mitigated.

### **Targeting of Permanent Supportive Housing and HUD-VA Supportive Housing Program**

We know from decades of practice and research that, with permanent supportive housing, people with disabling conditions and long or repeated histories of homelessness are successful at attaining and maintaining housing, improving their health, and reintegrating into communities. Primarily, the HUD-VASH program provides interventions for Veterans experiencing chronic homelessness. Without this intervention the Veterans would likely remain in homelessness.

We also know from practice and research that permanent supportive housing saves money by breaking the costly cycle of chronic homelessness. Studies have shown that an average person experiencing chronic homelessness can cost communities between \$30,000 to \$50,000 per year in emergency room visits, medical bills, law enforcement and other services.<sup>1</sup> For the highest utilizers of these services, the

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<sup>1</sup> See Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. "Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing." *Housing Policy Debate* 13.1 (2002): 107-163.fle. See also Larimer, Mary E., Malone, Daniel K., Garner, Michelle D., et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol

costs can be several times that. In contrast, the cost to provide an individual with permanent housing with connections to the preventative services they need to achieve stability is only about \$20,000. This represents a significant return on investment to taxpayers—not only in monies saved but also in visible and felt improvement in quality of life.

To ensure that HUD-VASH and other permanent supportive housing options are deployed for the most vulnerable Veterans, USICH worked closely with HUD and VA to develop a strategy to target resources to Veterans and families who are most in need. This strategy ensures that HUD-VASH and other permanent supportive housing options are deployed for the most vulnerable Veterans and that programs achieve the maximum impact and offset other public costs. HUD-VASH has exceeded its performance goal of ensuring that at least 65 percent of new and turnover vouchers are provided to Veterans experiencing chronic homelessness. Currently, 71 percent of new and turnover vouchers are provided to Veterans experiencing chronic homelessness. HUD-VASH is also an important intervention for families, female Veterans, and returning Veterans with severe disabling conditions.

Developing local service coordination teams is an effective way to strategically collaborate and allocate permanent supportive housing. These teams include program staff from VA homeless programs, the local public housing agency, Continuums of Care (CoCs), and city and other public officials. CoCs are charged with establishing and operating a centralized or coordinated assessment system locally, which increases access to homeless assistance and ensures that appropriate levels of assistance are provided to people based on their needs and strengths, including using permanent supportive housing for people experiencing chronic homelessness. VA's participation in developing local coordinated assessment systems, including a VA-led effort focused on establishing and operating a centralized or coordinated assessment system in 25 communities that represent 40 percent of the nation's Veterans who experience homelessness, has been critical to maximizing the impact of every dollar invested in ending homelessness. Permanent supportive housing provides proven and cost effective solutions that are adjustable to the varying needs of Veterans without fixed and artificial time limits.

### **Rapid Re-Housing and Supportive Services for Veteran Families**

There is a growing body of evaluation and research demonstrating that rapid re-housing is an effective means of solving homelessness among Veterans, families, and others who are not experiencing chronic homelessness. Through rapid re-housing, Veterans and their families receive assistance quickly and are able to regain stable housing in a short amount of time. HUD's Homelessness Prevention and Rapid Re-Housing Program (HPRP) helped to prevent or end homelessness for more than 1.3 million people between 2009 and 2012. As a primary tool in HUD's HPRP, rapid re-housing allowed communities—in partnership with USICH and Council agencies—to retool outdated homelessness response systems to more quickly connect Veterans and their families with supports tailored to meet their needs. These collaborative and coordinated efforts are ongoing, and have paved the way for the success of rapid re-

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Problems." *JAMA*. 2009;301(13):1349-1357; Hall, Gerod; Davidson, Clare; Neighbors, Charles; Hogue, Aaron; and Morgenstern, Jon. "Public Service Use and Costs Associated with NY/NY III's Supportive Housing for Active Substance Users" (CASA Columbia 2014).

housing programs across the country, including VA's Supportive Services for Veteran Families program (SSVF). USICH promotes expansion of rapid re-housing as a part of community coordinated systems that quickly assesses Veterans and their families and links them to the best housing option.

SSVF is VA's rapid re-housing and homelessness-prevention program, which draws upon the strength of community agencies to provide focused, rapid, and flexible services to vulnerable Veterans and their families. The progress we have seen in preventing and ending Veteran homelessness is due in large part to strategic investments in evidence-based, cost-effective programs, such as SSVF. Services provided to these Veteran families have been highly effective. The number of Veterans and persons served by SSVF doubled between FY 2012 and FY 2013—the first and second years of operation—serving more participants than expected as the program grew from 32,676 to 65,303 participants, totaling nearly 100,000 Veterans and their family members (97,979 people in total, including more than 13,800 children) served altogether.

In 2014, VA published the Effectiveness of Permanent Housing Program FY 2013 Report, which reported results for the first year of operation of the SSVF program. The results indicated that 84 percent of households served had successfully exited to permanent housing. The program continues to prove cost-effective at an average cost of only \$2,500 per household and median engagement of only 90 days. National SSVF program data reveals that this assistance is being targeted to the Veterans with the greatest housing challenges: three quarters of participants qualified as extremely low income. Growth of this program builds on these proven results and effective coordination with community partners.

As the number of Veterans experiencing homelessness decreases, those who remain homeless or at-risk are increasingly younger, female, and/or part of a family. SSVF's target populations include younger Veterans returning from Afghanistan and/or Iraq, female Veterans, and Veterans with at least one dependent family member. In fact, nearly 17 percent of all Veterans served by the SSVF program in FY 2013 were returning from Afghanistan and/or Iraq. Roughly fifteen percent of Veterans served by SSVF in FY 2013 were female, the highest proportion of women served of any VA homelessness initiative, and a higher proportion than the national rate of female Veterans in the United States. Homelessness among female Veterans increased by eight percent from 2013 to 2014, though female Veterans represent less than 10 percent of all Veterans experiencing homelessness. This increase demonstrates the need for increased resources, like SSVF, designed to serve female Veterans. Moreover, 45 percent of all those served by SSVF in FY 2013 were part of a household with children. In FY 2014, SSVF served approximately 125,000 participants.

The drawdown of troops could lead to a new cohort of Veterans that need homelessness prevention and rapid re-housing assistance. USICH is concerned that the FY 2015 spending cap placed on the SSVF program in the Department of Veterans Affairs Expiring Authorities Act of 2014 (P.L. 113-175) could reduce VA's capacity to sustain an end to homelessness among Veterans beyond the 2015 goal.

### **Increasing Economic Security**

Jobs are a key part of preventing and ending homelessness among Veterans. *Opening Doors* focuses on increasing meaningful and sustainable employment opportunities for Veterans and for all sectors of

society by improving access to mainstream workforce and income support programs to reduce financial vulnerability to homelessness.

Programs like DOL's Homeless Veterans Reintegration Program (HVRP), employment programs available through American Job Centers across the nation, and other programs available at the State and local level help Veterans who are experiencing homelessness reintegrate into society and the labor force. Services include job placement, on-the-job training, career counseling, life skills training, money management mentoring, and help in finding housing. For the period July 1, 2012 to June 30, 2013, HVRP successfully connected 11,317 Veterans with meaningful employment. Without the ability to get and keep a job, many Veterans cannot sustain housing stability. Many Veterans have poor credit and major legal histories that present significant challenges. The Council recognizes that to end Veteran homelessness and sustain housing stability, many more Veterans need employment and the supports that help them access and retain employment. The Council is working to increase employment opportunities for Veterans who are experiencing, leaving, or at-risk of entering homelessness.

### **Ending Homelessness among Veterans who are Ineligible for VA Health Care**

Our goal is to end homelessness among all Veterans, regardless of their eligibility to receive VA health care. CoCs are charged with serving all people experiencing homelessness, including those Veterans who are not eligible to participate in VA's homeless programs and services. In the Fiscal Years 2013 and 2014 Continuum of Care Program Competition, HUD included Veterans who are ineligible for VA benefits among its priority populations. The Council helps communities partner local CoCs and VA Medical Centers together in order to identify and connect Veterans to housing and services offered by CoC-funded providers.

### ***A National Network of Partnerships and Collaborations***

*Opening Doors* makes solving homelessness among Veterans the responsibility of the entire Federal government in partnership with state and local community providers. Only by working together, in coordination and partnership, have we achieved such significant progress. Only by continuing this unprecedented collaboration will we achieve an end to homelessness among Veterans. The goal cannot be reached by one Federal department or agency alone, nor can it be reached without intentional and meaningful partnership and coordination with state, community, and private and not-for-profit partners. USICH is driving the collaboration and partnerships necessary to end homelessness among Veterans.

### **The Mayors Challenge**

Launched earlier this year, the Mayors Challenge to End Veteran Homelessness is a way to solidify partnerships and secure commitments to end Veteran homelessness from mayors across the country. First Lady Michelle Obama, HUD Secretary Julián Castro, USICH Council Chair DOL Secretary Thomas E. Perez, Council agencies, and the National League of Cities are calling on mayors to make a commitment to end Veteran homelessness in their cities in 2015. Already, more than 320 mayors, governors, and county executives have made the commitment to partner with VA, HUD, and USICH to end homelessness among Veterans.

## **Veteran Outreach**

Communities are working each and every day to engage every Veteran who experiences homelessness and provide them with the care and connections to housing they need. The reality of no Veteran living unsheltered is something we can and will achieve. There will be Veterans who initially refuse our assistance. Engaging Veterans, particularly those who experience chronic homelessness, requires skillful and repeated outreach to build trust. Council and community partners, which include over 600 VA staff members, perform coordinated Veteran outreach at shelters, encampments, soup kitchens and community events, in courts, local jails, and state and Federal prisons. Council and community partners also collaborate to host Stand Downs—outreach events designed to connect Veterans who are experiencing homelessness with community resources and VA health care and benefits assistance.

## **Homeless Patient Aligned Care Teams**

Building on the foundation of healthcare for the homeless clinics funded through McKinney-Vento, VA's Homeless Patient Aligned Care Teams (H-PACTs) are an innovative treatment model being implemented at VA medical centers across the country and are playing a key role in ending unsheltered homelessness among Veterans.

H-PACT clinics co-locate a partnership of medical staff, social workers, mental health and substance use counselors, nurses, and homeless program staff and are located on VA campuses, community-based outpatient clinics, and Community Resource and Referral Centers. These professionals form a team that provides Veterans with comprehensive, individualized care, including services that lead to permanent housing. H-PACT teams are attuned to how housing insecurity and other social factors like poverty harm Veterans' health overall, worsen sickness, delay care, and exacerbate both temporary and long-term homelessness. VA's H-PACT approach ensures that a fully integrated team is aware of and can treat the issues involved in and contributing to homelessness among Veterans.

Veterans can walk into H-PACT clinics without an appointment and receive medical care, case management, housing placement supports, substance use and mental health treatment, community referrals, triage services, benefits counseling, and even hot showers and clean clothes.

The implementation of *Opening Doors* across the Federal government and in communities across the country is working. Collaboration across Federal agencies and with state and community partners has been unprecedented and continues to expand. Congress and the Administration have worked in a bipartisan manner to fund programs aimed at ending Veteran homelessness, proving that, where strategic resources are meeting the need and where effective partnerships are developed, meaningful results are achieved.

Ending homelessness among Veterans is not an aspirational goal. Homelessness among Veterans is not an intractable problem; it is a problem we, as a nation, are solving. And by doing so, we are proving that ending all forms of homelessness is possible. Thank you for your partnership.